

**APPLICATION FOR HOME IMPROVEMENT LICENSE  
SUFFOLK COUNTY DEPARTMENT OF CONSUMER AFFAIRS**

**Please Print - Answer All Questions**

**APPLICANT'S NAME: LAST**

**FIRST**

**M.I.**

**DATE OF BIRTH: -/-/**

**SOCIAL SECURITY 9:**

**Privacy Act Statement**

Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 345-5 and/or SCC 239, and/or SCC 275-3A, and/or SCC 313-18.A, and/or SCC 361-3.A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

**HOME STREET ADDRESS:**

**TOWN:**

**STATE:**

**ZIP:**

**HOME PHONE #:**

**BUSINESS NAME(S):**

**BUSINESS STREET ADDRESS:**

**TOWN:**

**STATE:**

**ZIP:**

**BUSINESS PHONE:**

IMPORTANT PLEASE NOTE THAT YOUR BUSINESS TELEPHONE NUMBER LISTED HERE WILL BE THE KEY NUMBER BY WHICH PEOPLE WILL BE ABLE TO SEARCH THE CONSUMER AFFAIRS WEB SITE TO DETERMINE WHETHER OR NOT YOU HAVE A VALID LICENSE. IT IS IMPERATIVE THAT YOU LIST THIS CORRECTLY AND THAT THIS BE THE NUMBER YOU USE ON YOUR BUSINESS CARDS, CONTRACTS, ADVERTISING, ETC.

**PASSPORT  
P H O T O**

Type Business

Corporation

Partnership

Sole Proprietorship \_Other

1. Federal Tax ID No.
2. Worker's Compensation No.
3. NYS Sales Tax Registration N

Do you subcontract your work?

Yes

No If yes, name & address of Subcontractor

Personal Reference (not related by blood or marriage)

Name:

Tel.

Address:

1. Each Home Improvement Business must be licensed. Each separate Business requires a separate license.
2. Licensed Home Improvement contractors do not need a salesperson's identification card,
3. Corporate Officers or partners other than applicants will require a salesperson's identification card.
4. **THIS IS AN APPLICATION; NOT A LICENSE.**

List all additional business names and addresses in which you are principal officer, including location of all branches and separate Offices. If "None", write none

<u>Business</u>	<u>Address</u>	<u>Principal type of work</u>
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List all principal officers or partners associated with your present business. Please include their present position in tile firm. if "None", write none.

<u>Name</u>	<u>Address</u>	<u>Position in Firm</u>
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List all previous business or subsidiaries in which you were a principal officer, all other associated officers and present status of the business (i.e. defunct, bankrupt, sold, etc.) if "None", write none.

Business Name	Address,	Associated Officers	Present Status
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List name(s) of current employees, officers or partners who are now, or were, principal officers of any other companies engaged in the Home Improvement field during the past five (5) years. Include business name(s), address and dates of affiliation. Use additional sheets if necessary. If "None", write none.

Names and home addresses of all salespersons currently employed by your firm who are actively engaged in Suffolk County. if "None", write none.

Are you presently or have you ever been licensed in Suffolk County or any other municipality? Yes \_No

If Yes, Where:	License #	Type License
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Expiration Date	If more than one, I list
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**Remit application fee of \$200.00 (non-refundable) made payable to: "Suffolk County Consumer Affairs."**

Sec. 175.35-Offering a false instrument for filing in the first degree:

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will I be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant.

Offering a false instrument for filing in tile first degree is a class E felony.  
L. 1965, c. 1030

Signed

Date

STATE OF NEW YORK     )  
COUNTY OF SUFFOLK    ) ss:

AFFIRMATION

(Name)

(Company Name)

1.       **You must check either (A) or (B)**

- 11 (A)    I affirm that there have never been any judgments filed against the above named individual applicant or firm.  
(B)       I affirm that all judgments against me have been discharged, are being appealed, or being paid according to agreed scheduled payments with creditors and that there are no unsatisfied or unnegotiated judgments against either the above named individual applicant or firm.

2.        I hereby acknowledge that I have been advised, and am fully aware, that Suffolk County Code Chapter 345 requires that any individual who negotiates or offers to negotiate a contract for the above named licensee with a consumer, or solicits or otherwise endeavors to procure a contract from a consumer on behalf of the above named licensee, whether or not such individual is an employee of the above named licensee, will first obtain an **identification card** from the Suffolk County Executive's Office of Consumer Affairs.

3.        I certify that all contractors/sub-contractors will have in their possession a valid Suffolk County Occupational License as required by Suffolk County Code.

4.        Briefly describe work to be performed:

Note:: This must match the "Description Of Operations" on your certificate of insurance

5.        I certify that all contractors/sub-contractors will have in their possession a valid Suffolk County Occupational License as required by Suffolk County Code.

6.        I understand that if I am a landscaper using fertilizers or pesticides, I must submit proof of NYS Department of Environmental Conservation Certificate.

7.        **I UNDERSTAND THAT A HOME IMPROVEMENT  
LICENSE DOES NOT ALLOW ME TO CONTRACT  
FOR HVAC WORK OTHER THAN DUCT WORK**

Individual's Name and Title

Company Name

**AFFIRMATION** (To be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

**COMPLIANCE AFFIRMATION:** I understand the issuance of my license requires compliance with all laws applicable to my business. I understand that Title 8 USC 1324a makes the hiring of unauthorized aliens unlawful and imposes record keeping responsibilities if I am an employer. I am also obligated to pay taxes for employees I may have. I affirm I am now and have been in compliance with Title 8 USC 1324a and I have paid/will pay all required payroll tax payments for any employee including Social Security, Medicare and State and Federal unemployment taxes. I AFFIRM THAT THE STATEMENTS ON THIS LICENSE APPLICATION ARE TRUE.

Signed

Date

Describe your work or business experience or knowledge of the trade that qualifies you for the license for which you are applying - be specific. Who did you work for? For how long? What were your duties? Have you attended any trade schools? If so, when?

**SUFFOLK COUNTY DEPARTMENT OF CONSUMER AFFAIRS  
STEVE LEVY, COUNTY EXECUTIVE**

**APPLICANT BACKGROUND INFORMATION**

Your Name

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS AND SIGN THIS FORM. IF YOU ANSWER **"YES"** TO ANY OF THE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET.

- (1) Have you ever been convicted of a crime or offense of any kind (other than traffic or parking violations) or entered a plea of guilty or nolo contendere? (Y)\_ or (N)
- (2) Are any criminal charges currently pending against you? (Y)\_ or (N)
- (3) Are you now, or were you ever on parole or probation? If yes, you **MUST** provide us with a letter of good standing from your parole/probation officer. (Y)- or (N)-
- (4) Have you ever been the subject of any inquiry or investigation by a federal, state or local agency (other than for routine background investigations for employment purposes)? (Y)\_ or (N)
- (5) Have you ever been cited for contempt of any court, legislative, civil or criminal investigative body or grand jury? (Y)\_ or (N)\_
- (6) Have you, or any business in which you are or were an owner, officer, director or partner, been the subject of any criminal or administrative investigation? (Y)- or (N)\_
- (7) Are there any liens or judgments against you or any business in which you are or were an owner, officer, director or partner? (Y)\_ or (N)
- (8) Were you, or any business in which you are or were an owner, officer, director or partner, ever involved in a bankruptcy proceeding? If yes, where and when (Y) or (N)
- (9) Are there any tax liens currently assessed or pending against you or any business in which you are or were an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest? (Y)\_ or (N)
- (10) How long have you resided at your current address? \_Yrs. Mos.
- (11) Have you resided outside the State of New York for more than 180 days in the last calendar

If so, please indicate your out of state residence address.

- (12) Have you been conducting business under the present business name and, if so, where? (Y)\_ or (N)\_
- (13) Do you own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities? (Y)\_ or (N)\_
- (14) Are you in arrears on any child support and/or maintenance obligations? (Y)\_ or (N)\_
- (15) Bank Accounts for this business:  
 Bank Name & Location  
 Bank Account #  
 Date Opened

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BANK ACCOUNT.

- (16) Name of CPA, if any:  
 Name of corporate attorney, if any:

(17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes - No License Date Issued Expiration Date  
 Was this license suspended or revoked? Yes No Date Suspended Date Revoked

- (18) Have you or any immediate family member ever been involved in a business which had a license issued by any of the following municipalities?

New York City? Yes - No License #	Date Issued	Expiration Date
Was this license suspended or revoked? Yes	No Date Suspended	Date Revoked
Nassau County? Yes- No License #	Date Issued	Expiration Date
Was this license suspended or revoked? Yes	No Date Suspended	Date Revoked
Any other local municipalities? Yes - No	License Date	Issued-Expiration Date-
Was this license suspended or revoked? Yes	No Date Suspended	Date Revoked

**NOTE: ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH AND OTHER INVESTIGATIVE METHODS.**

AFFIRMATION (To be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

Signed

Date